

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)
09/830374

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	/	/	/	/	/	51					
2	/	/	/	/	/	/	52					
3	/	/	/	/	/	/	53					
4	/	/	/	/	/	/	54					
5	/	/	/	/	/	/	55					
6	/	/	/	/	/	/	56					
7	/	/	/	/	/	/	57					
8	/	/	/	/	/	/	58					
9	/	/	/	/	/	/	59					
10	/	/	/	/	/	/	60					
11	/	/	/	/	/	/	61					
12	/	/	/	/	/	/	62					
13	/	/	/	/	/	/	63					
14	/	/	/	/	/	/	64					
15	/	/	/	/	/	/	65					
16	/	/	/	/	/	/	66					
17	/	/	/	/	/	/	67					
18	/	/	/	/	/	/	68					
19	/	/	/	/	/	/	69					
20	/	/	/	/	/	/	70					
21	/	/	/	/	/	/	71					
22	/	/	/	/	/	/	72					
23	/	/	/	/	/	/	73					
24	/	/	/	/	/	/	74					
25	/	/	/	/	/	/	75					
26	/	/	/	/	/	/	76					
27	/	/	/	/	/	/	77					
28	/	/	/	/	/	/	78					
29	/	/	/	/	/	/	79					
30	/	/	/	/	/	/	80					
31	/	/	/	/	/	/	81					
32	/	/	/	/	/	/	82					
33	/	/	/	/	/	/	83					
34	/	/	/	/	/	/	84					
35	/	/	/	/	/	/	85					
36	/	/	/	/	/	/	86					
37	/	/	/	/	/	/	87					
38	/	/	/	/	/	/	88					
39	/	/	/	/	/	/	89					
40	/	/	/	/	/	/	90					
41	/	/	/	/	/	/	91					
42	/	/	/	/	/	/	92					
43	3	/	/	/	/	/	93					
44	/	/	/	/	/	/	94					
45	0	/	/	/	/	/	95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3		3				TOTAL IND.					
TOTAL DEP.	50	←	40	←		←	TOTAL DEP.	←	←	←	←	←
TOTAL CLAIMS	53		43				TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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